

2009 H1N1 Influenza

in the United States

A National Perspective





Historical Impact of Flu Pandemics

<u>1918-19 Spanish Flu (H1N1)</u>

20-100 million estimated deaths worldwide >600,000 U.S. deaths

1957-58 Asian Flu (H2N2)

70,000-plus U.S. deaths

<u>1968-69 Hong Kong Flu (H3N2)</u>

34,000-plus U.S. deaths

<u>2009-10 H1N1 (Swine Flu)</u>

556 reported U.S. deaths as of 28 Aug 09



Flu.gov Know What to Do About the Flu

H1N1 Spring Outbreak Summary

- Occurred very late in the flu season
- Remarkable heterogeneity across U.S.
- Affected young people disproportionately
- Caused widespread illness; some severe or fatal
- Socially disruptive, especially for schools
- Tens of thousands of health workers and others responded worldwide

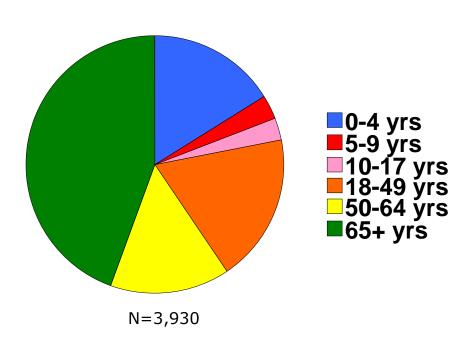




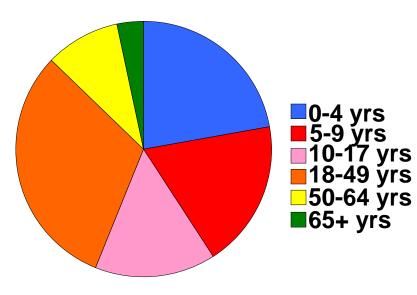


Teens and Young Adults Disproportionately Affected Few Cases Among Elderly

Seasonal 2007-08



2009 H1N1 (April - Jun)



N = 312

*April 12-June 30





But, it's Not Over...



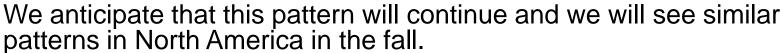
Continuing spread in U.S.

 Outbreaks in >50 summer camps, some colleges, schools and communities across the country





- Reported cases from Africa, Asia
- Co-circulation with seasonal influenza strains in some areas
- Reported strain on health care system in some localities



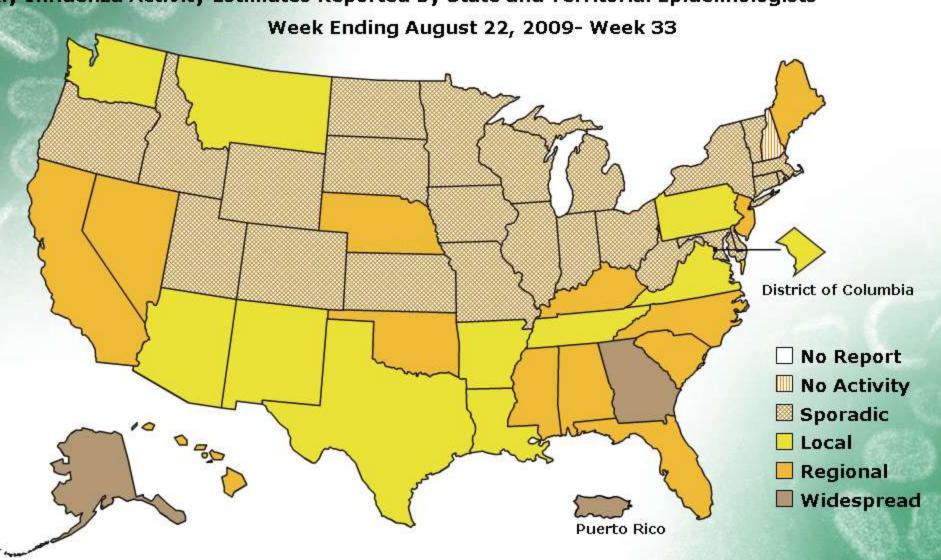




LUVIEW



ekly Influenza Surveillance Report Prepared by the Influenza Division by Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

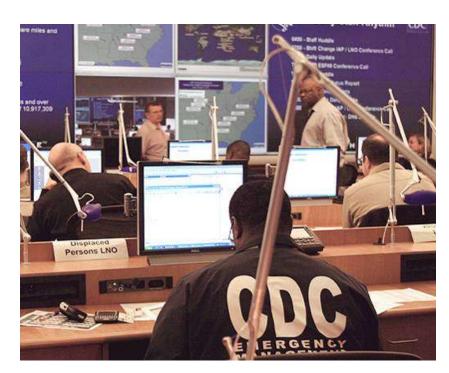




The Federal Government is Mounting an Aggressive Response

The National Pillars of H1N1:

- Enhanced Surveillance
- Preparing for a Vaccination campaign
- Community Mitigation Measures
- Effective Communication







National Response to 2009 H1N1 Influenza

- **Surveillance**: Continue to track flu for change in epidemiology, virulence, antigenic pattern, and drug resistance
- Community Mitigation: Plan at all levels for appropriate role in prevention/response
 - Health care system, primary care providers and public health (diagnosis, treatment, surge, vaccination)
 - Schools, child care centers, senior centers, other potentially affected institutions
 - Public health (surveillance, testing, response, guidance, vaccination, treatment)
- Vaccination: Develop a vaccine and prepare for a vaccination campaign
- Communication of accurate and timely information





Surveillance Is Being Enhanced to Closely Monitor the Behavior of the H1N1 Virus

Surveillance addresses five key needs:

- · Finding out when and where influenza activity is occurring
- Tracking influenza-related illness
- Determining what influenza viruses are circulating
- Detecting changes in influenza viruses
- Measuring the impact influenza is having on deaths

HHS/CDC, in collaboration with the U.S. Departments of Education and State and local health departments, is organizing a national school dismissal monitoring system





Vaccine Development is a Priority

- CDC has isolated the new H1N1 virus and modified the virus so it can be used to make hundreds of millions of doses of vaccine
- Vaccine manufacturers are now using these materials in vaccine production
- Making vaccine is a multiple-step process that takes several months to complete



- Clinical trials are being conducted to assess immune responses and safety of 2009 H1N1 vaccine
- 2009 H1N1 vaccine is expected to be available in mid-October





Steps in Preparing for a National Voluntary H1N1 Vaccination Program

Program planning

- Engaging partners in government (state, tribal, local) and private sector
- Financing of program and vaccine development and administrative costs

Implementation of vaccine distribution

- Tracking of vaccines and supplies
- Monitoring vaccination rates and geographic coverage

Communications

- General public
- Health professionals
- People who would benefit most from a vaccine
- Monitoring vaccine safety
- Assessing vaccine effectiveness





Vaccine Planning: Recommendations from the Advisory Committee on Immunization Practices (ACIP)

- Committee met July 29
- Recommendations on the people who would benefit most from a vaccine based on ACIP recommendations (159 million individuals):
 - Pregnant women
 - Healthcare workers and emergency medical responders
 - People caring for infants under 6-months of age
 - People ages 6 months to 24 years
 - People age 25-64 with underlying medical conditions, i.e. asthma and diabetes





Updating Guidance to Help Local Communities Make Decisions About How To...

- Keep healthy students in school and sick people at home
- Determine appropriate use of antiviral medications to maximize their benefit and preserve their effectiveness
- Determine when/if more disruptive measures such as cancellation of mass gatherings, school dismissals should be used



Updated School Guidance

- Designed to:
 - decrease the spread of regular seasonal flu and 2009 H1N1 flu
 - limit the disruption of day-to-day activities
- Provides a set of strategies that schools
 - use to stay open
 - protect students and staff, particularly those at high-risk of complications. should match the severity of the illness that's being reported and local flu activity.
- Step up basic good hygiene practices hand washing, etc.
- Keep sick students and staff away from school
- Help families identify children at high-risk for flu complications who benefit from early evaluation from their physician if they develop the flu
- Routine cleaning
- Separate ill students and staff from others
- Consider selectively dismissing students and staff





Updated School Guidance Snapshot of recommendations for INCREASED SEVERITY

- Extended exclusion period
 - Under this scenario, people with flu-like illness should stay home for at least 7 days, even if they have no more symptoms. People who are still sick after 7 days should stay home for at least 24 hours after all symptoms are gone.
 - People give off seasonal flu virus for 5 to 7 days and this period may be longer for 2009 H1N1 flu, especially in younger children and those with compromised immune systems.
 - Let high-risk students and staff members stay home
- Active screening
- Keep siblings home: students who have an ill family member should stay
 home for 5 days from the day that their family member got sick. This is
 the time period that they're most likely to get sick themselves.
- Increase distance at schools
- School dismissals



Updated Institutes of Higher Education Guidance Snapshot of recommendations for current conditions

- Advise sick students, faculty, and staff to stay home.
- Establish a method for maintaining contact with students who are sick.
- Discourage sick members of the public and sick visitors from attending institution-sponsored events.
- Encourage students and staff at higher risk of complications from flu to check with their health care provider.
- Encourage students, faculty and staff to find out if they should get vaccinated against seasonal and 2009 H1N1 flu.
- Encourage students, faculty and staff to cover their mouths and noses with a tissue when they sneeze or cough.
- Establish regular schedules for frequent cleaning of surfaces and items and provide disposable wipes for commonly used surfaces.
- Encourage students to frequently clean their living quarters.
- Examine current flu or crisis response plans and revise if necessary.
- Communicate with vendors who supply critical products and services for business continuity.



Updated Institutes of Higher Education Guidance Snapshot of recommendations for INCREASED SEVERITY

- Allow students, faculty and staff at higher risk for complications to stay home and find ways for work or study to continue at home.
- Find ways to increase social distances.
- Extend the time sick students, faculty, or staff stay home or in their residences.
- Consider how and when to suspend classes.
- Collaborate with local agencies on a plan for flu response.





Updated Guidance for Businesses and Employers Snapshot of recommendations for current conditions

- Sick employees should be sent home and should stay home until at least 24 hours after they are free of fever.
- Encourage employees to wash their hands often
- Encourage employees to cover their coughs and sneezes
- Clean surfaces and items that are more likely to have frequent hand contact
- Encourage employees to get vaccinated.
- Protect employees who are at higher risk for complications of flu.
- Prepare for increased numbers of employee absences due to illness in employees and their family members and plan ways for essential business functions to continue.
- Advise employees before traveling to take certain steps.
- Prepare for the possibility of school dismissals or temporary closure of child care programs.



Updated Guidance for Businesses and Employers Snapshot of recommendations for INCREASED SEVERITY

- Consider active screening of employees who report to work.
- Consider alternative work environments for employees at higher risk for complications of flu during periods of increased flu activity in the community.
- Increase social distancing in the workplace.
- Advise employees about possible disruptions and special considerations while traveling overseas.
- Prepare for school dismissal or closure of child care programs.
- Be aware that the severity of the flu could change rapidly and local recommendations could be revised quickly.
 - Identify sources of timely and accurate information
 - Plan for ways to quickly implement revised or additional measures





Additional Guidance to be Released

- Day Care Guidance to be released 3 or 4 Sept 09
- Day Care Communication Toolkit to be posted on CDC website 3
 Sept 09
- DED Secretary Duncan to highlight in a press event 3 Sept 09





Effective Communication

Distribution of critical protection information via the Web, CDC info line, stakeholder calls, and other platforms to:

- Parents
- Pregnant Women
- Child Care Programs
- Schools, Colleges and Universities



- Travelers and Travel Industry
- Clinicians
- Laboratories
- Businesses and Employers
- Hospitals
- Nursing homes and assisted living facilities
- Homeless shelters
- Hard to reach populations





www.flu.gov

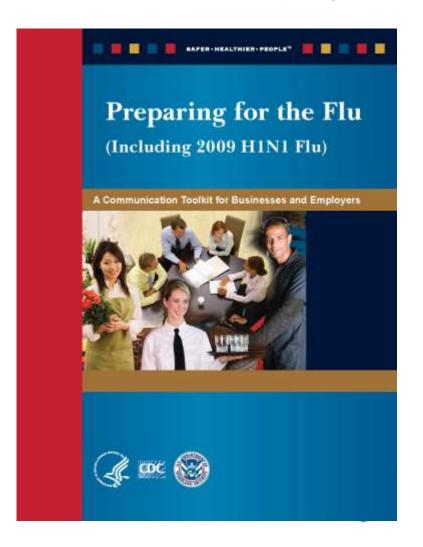
One-Stop-Shop for Flu Information and Resources





Communications Toolkit for Businesses and Employers

- Questions and Answers
- Quick Reference for Planning / Response
- Fact Sheet for Employers
- Fact Sheet for Employees
- Poster for Workplace Entrances to Remind Sick Employees to Go Home: Template E-mails (or Letters) for Businesses to Send to Employees:
- Text Messages for Businesses to Send to Employees
- Additional Communication Resources for Businesses to Share with Employees
- Additional Web Resources for Businesses to Use for Planning





Flu Preparedness is a Shared Responsibility

- Keep yourself well informed:
 - Know What to Do About the Flu: www.Flu.gov
- CDC recommends a yearly seasonal flu vaccine as the most important step to prevent seasonal flu
- Get vaccinated when H1N1 shots are available



Exercise Good Personal Hygiene Habits



- Wash your hands with soap & water
- Try not to touch surfaces that may be contaminated with the flu virus
- Avoid touching your nose, eyes, and mouth
- If you're coughing, cover your mouth with a tissue, dispose after use
- Avoid close contact with sick people
- Stay home if you are sick
- Stay informed www.flu.gov





What Can You Do to Protect Yourself and Others?

- Preventing influenza is a shared responsibility
- Follow public health advice regarding
 - Staying home when ill with a flu-like illness
 - Providing early treatment to people with influenza who have a high risk condition or are hospitalized
 - Precautions to take regarding large public gatherings
 - Other social distancing measures that might be recommended depending on the severity of the influenza season
- These measures will continue to be important even after a 2009 H1N1 vaccine is available
 - They can prevent the spread of other viruses that cause respiratory infections





Thank You

Commander Patti Pettis Regional Emergency Coordinator HHS Asst. Secretary for Preparedness and Response

Region IV - Atlanta

